#### **APPLICATION DATA SHEET**

ication	

Application number:: \* 🎉

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

No

Number of copies of CRF::

Title ::

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CAPACITANCE TYPE

Attorney Docket Number::

853063.508

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

**Total Drawing Sheets:** 

1

Small Entity?::

No

Petition included?::

No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?::

No

#### **First Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Italy

Status:: Full Capacity

Given Name:: Gabriele

Middle Name::

Family Name:: Gandolfi

Name Suffix::

City of Residence:: Siziano

State or Province of Residence::

Country of Residence:: Italy

Street of mailing address:: Via Marconi, 14

City of mailing address:: Siziano

State or Province of mailing address::

Country of mailing address:: Italy

Postal or Zip Code of mailing address:: I-27010

#### **Second Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Italy

Status:: Full Capacity

Given Name:: Andrea

Middle Name::

Family Name:: Baschirotto

Name Suffix::

City of Residence:: Tortona

State or Province of Residence::

Country of Residence:: Italy

Street of mailing address:: Corso Alessandria, 166

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City of mailing address::

Tortona

State or Province of mailing address::

Country of mailing address::

Italy

Postal or Zip Code of mailing address::

I-15057

#### **Third Applicant Information**

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Italy

Status::

Full Capacity

Given Name::

Vittorio

Middle Name::

Family Name::

Colonna

Name Suffix::

City of Residence::

Landriano

State or Province of Residence::

Country of Residence::

Italy

Street of mailing address::

Via F. Ili Cervi, 39

City of mailing address::

Landriano

State or Province of mailing address::

Country of mailing address::

Italy

Postal or Zip Code of mailing address::

I-27015

## **Correspondence Information**

Correspondence Customer Number ::

38106

## Representative Information

Representative Customer Number::	38106

# **Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
Italy	MI2003A000154	01/30/03	Yes

# **Assignee Information**

Assignee name::	STMicroelectronics S.r.l.	
Street of mailing address::	Via C. Olivetti, 2	
City of mailing address::	Agrate Brianza	
State or Province of mailing address::		
Country of mailing address::	Italy	
Postal or Zip Code of mailing address::	I-20041	

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